



Health Savings Account Salary Redirection Agreement

(HealthEquity Health Savings Account)

EMPLOYEE NAME (LAST, FIRST, M.I.)

EMPLOYEE ID NUMBER

ADDRESS (NUMBER & STREET)

HOME PHONE

CITY, STATE, ZIP CODE

WORK PHONE

AGENCY/DEPARTMENT NAME

DEPT ID

I authorize the Auditor-Controller to deduct \$ _____ from my biweekly paycheck (deductions will only be taken on 1st and 2nd paychecks in a single month) and remit the proceeds to HealthEquity for investment into my HealthEquity Health Savings Account. The 2018 annual HSA contribution limits are as follows:

- Individual \$3,500 (if age 55 or older, add \$1,000 to this amount)
- Family \$7,000 (if age 55 or older, add \$1,000 to this amount)

Per pay period maximums:

- Employee Only: \$145.83
- Employee Only 55 years or older: \$187.50
- Employee + 1 and Family: \$291.66
- Employee + 1 and Family, employee 55 years or older: \$333.33

I wish to terminate all Health Savings Account Salary Redirection Agreements on file, and discontinue contributions.

As a condition of enrollment, County of Ventura CEO/HR/Benefits will review for enrollment in the BlueShield High-Deductible PPO. In addition, County of Ventura CEO/HR/Benefits may disqualify enrollment based upon current participation in a Health Care Flexible Spending Account. I understand and accept that I am personally responsible for complying with the annual HSA contribution limits, eligibility requirements, etc. Questions in regard to compliance should be directed to HealthEquity (866-346-5800).

Subject to change (employees will be notified), the County of Ventura is absorbing the nominal administration cost of maintaining a HealthEquity account each month.

Employee Signature

Date

FOR INTERNAL USE ONLY

BENEFITS REVIEW:

_____ Enrolled in BlueShield HD PPO?

Reviewed by: _____

Date: _____

PAYROLL DEDUCTION CODE: HEHSA

PAYROLL DEDUCTION BEGIN (1st and 2nd Pay Period only): _____

Entered by: _____

Date: _____